



TELEMARKETER APPLICATION FORM

Missouri Attorney General
Jeremiah W. (Jay) Nixon

www.moago.org
866-289-9633

Application is hereby made to obtain access to the No Call Missouri List. Please complete and mail this form to:
Missouri Attorney General Jay Nixon • No Call Missouri • 720 Olive St., Suite 2150 • St. Louis, MO 63101

ORGANIZATION

NAME OF ORGANIZATION _____

STREET ADDRESS _____ CITY _____

STATE _____ ZIP _____ PHONE () - _____ FAX () - _____
2 LETTERS

NAME OF AFFILIATES OR SUBSIDIARY COMPANIES ASSOCIATED WITH YOUR COMPANY THEIR PHONE NUMBER

_____ () - _____

_____ () - _____

REGISTERED AGENT

NAME OF REGISTERED AGENT FOR SERVICE OF PROCESS _____

STREET ADDRESS _____ CITY _____

STATE _____ ZIP _____ PHONE () - _____ FAX () - _____
USE 2 LETTERS

LIST ANY TRADE, ASSUMED OR FICTITIOUS NAME USED BY APPLICANT PHONE NUMBER USED

_____ () - _____

FEE

Sign and mail this application and a check or money order for **\$25 for each area code per quarter** or **\$150 for all six area codes per quarter** to:

Missouri Attorney General Jay Nixon • No Call Missouri • 720 Olive St., Suite 2150 • St. Louis MO 63101

**PAYMENT ENCLOSED
FOR** (CHECK TIME
PERIODS AND
MISSOURI AREA
CODES)

☐ YEAR **OR** ☐ QUARTER 1 ☐ QUARTER 2 ☐ QUARTER 3 ☐ QUARTER 4

☐ All area codes **OR** ☐ 314 ☐ 417 ☐ 573 ☐ 636 ☐ 660 ☐ 816

A CD will be mailed for each quarter requested. If correct payment is not sent, application will be returned.

CONFIDENTIALITY AGREEMENT

I/We will comply with sections 407.1095-407.1113 RSMO and any rules promulgated thereunder, including but not limited to the use of this list for the sole purpose of complying with this law.

I/We will notify Missouri No Call Register within 30 days of any material change relative to this application or information contained therein.

Having been duly sworn, and under the penalties of perjury, I hereby certify that the representations in this application and all attachments are true and correct to the best of my knowledge and belief.

NAME OF COMPANY _____ DATE _____

SIGNATURE OF AUTHORIZED REPRESENTATIVE _____ YOUR TITLE _____